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			ŀ				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.	
10/532,373	04/21/2005		Desmond John Best	Desmond John Best		P33128USW 3876		
TITLE OF INVENTION NEUROLOGICAL DIS		MIDE COMPOUND AS	HISTAMINE H3 RE	CEPTO	R LIGAND USE	FUL IN THE TREATM	MENT OF	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PRE	V. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	_	\$0	\$1740	10/01/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
	NORTHINGTON	1625	514-310000					
1. Change of correspond CFR 1.363). Change of corresp Address form PTO/S. "Fee Address" ind PTO/SB/47; Rev 03-(Number is required.	(1) the names of up or agents OR, altern (2) the name of a sin registered attorney of 2 registered patent a	For printing on the patent front page, list) the names of up to 3 registered patent attorneys agents OR, alternatively,) the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)				
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing	e patent. an assigi	If an assignee i nment.	s identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE.					(CITY and STATE OR COUNTRY)			
Glaxo Gnoup	Brentford, Middlesex, England							
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Indiv	vidual 🛛 Corpo	ration or other private gro	oup entity Government	
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		uired) will not be accepted tes Patent and Trademark		ın the apı	plicant; a register	ed attorney or agent; or the	ne assignee or other party in	
Authorized Signature	Bonnie	1 Report	nbine.	I	Date 29 Se	ptember 2 28,209	2008	
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